NORTH DAKOTA
DEPARTMENT of HEALTH

Health Alert Network

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HEALTH UPDATE

Interim Guidance for the Use of Antivirals for the 2009-2010 Influenza Season

On Oct. 16, 2009, the Centers for Disease Control and Prevention published updated guidance for the use of antivirals during the 2009-2010 influenza season, including novel H1N1 influenza. Providers should review this document in its entirety, which can be found a thttp://www.cdc.gov/h1n1flu/recommendations.htm.

These recommendations have been updated to provide additional guidance for clinicians in prescribing antiviral medications for treatment and prevention of influenza during the 2009-2010 season. In general, the priority use of antiviral medications during this season continues to be in people who are hospitalized with influenza and those at increased risk of influenza-related complications as outlined in the recommendations last updated Sept. 22, 2009. This document has been updated to:

1. Clarify treatment and chemoprophylaxis considerations for people vaccinated with the 2009 H1N1 and seasonal influenza vaccines.
2. Include women up to two weeks postpartum at higher risk for complications from 2009 H1N1 influenza.
3. Provide additional oseltamivir dosing instructions for children younger than 1 year of age.
4. Review adverse events and contraindications associated with oseltamivir and zanamivir.

This document should be considered interim, and will be updated as needed.

Summary

- Influenza antiviral medications can reduce the severity and duration of influenza illness and can reduce the risk of influenza-related complications, including severe illness and death.
- Most healthy people who develop an illness consistent with uncomplicated influenza, or people who appear to be recovering from influenza, do not need antiviral medications for treatment or prophylaxis. However, people presenting with suspected influenza and more severe symptoms such as evidence of lower respiratory tract infection or clinical deterioration should receive prompt empiric antiviral therapy, regardless of previous health or age.
- Treatment with oseltamivir or zanamivir is recommended for all people with suspected or confirmed influenza requiring hospitalization.
- Early empiric treatment with oseltamivir or zanamivir should be considered for people with suspected or confirmed influenza who are at higher risk for complications, including:
    - Children younger than 2 years old.

    - People age 65 or older.
    - Pregnant women and women up to two weeks postpartum (including following pregnancy loss).
    - People of any age with certain chronic medical or immunosuppressive conditions
    - People younger than age 19 who are receiving long-term aspirin therapy.
- Children ages 2 years to 4 years are more likely to require hospitalization or urgent medical evaluation for influenza compared with older children and adults, although the risk is much lower than for children younger than 2-years-old. Children ages 2 years to 4 years without high risk conditions and with mild illness do not necessarily require antiviral treatment.
- Treatment, when indicated, should be initiated as early as possible because the benefits are greatest when started within the first two days of illness. However, some studies of hospitalized patients with seasonal and 2009 H1N1 influenza have suggested benefit of antiviral treatment even when treatment was started more than 48 hours after illness onset.
- To reduce delays in treatment initiation, consider:
    - Informing people at higher risk for influenza complications of signs and symptoms of influenza and need for early treatment after onset of symptoms of influenza (i.e., fever, respiratory symptoms).
    - Ensuring rapid access to telephone consultation and clinical evaluation for these patients as well as patients who report severe illness.
    - Considering empiric treatment of patients at higher risk for influenza complications based on telephone contact if hospitalization is not indicated and if this will substantially reduce delay before treatment is initiated.
- Treatment should not wait for laboratory confirmation of influenza because laboratory testing can delay treatment and because a negative rapid test for influenza does not rule out influenza. The sensitivity of rapid tests in detecting 2009 H1N1 has ranged from 10 percent to 70 percent. Information about the use of rapid influenza diagnostic tests (RIDTs) can be found at http://www.cdc.gov/h1n1flu/guidance/rapid_testing.htm.
- Testing for 2009 H1N1 influenza infection with real-time reverse transcriptase-polymerase chain reaction (rRT-PCR) should be prioritized for individuals with suspected or confirmed influenza requiring hospitalization and based on guidelines from local and state health departments.
- Consideration for antiviral chemoprophylaxis should generally be reserved for people at higher risk for influenza-related complications who have had contact with someone likely to have been infected with influenza. However, early treatment is an emphasized alternative to chemoprophylaxis after a suspected exposure. Household or close contacts (with risk factors for influenza complications) of confirmed or suspected cases can be counseled about the early signs and symptoms of influenza, and advised to immediately contact their health-care provider for evaluation and possible early treatment if clinical signs or symptoms develop. Early recognition of illness and treatment when indicated is preferred to chemoprophylaxis for vaccinated persons after a suspected exposure.
- Based on global experience to date, 2009 H1N1 influenza viruses likely will be the most common influenza viruses among those circulating in the coming season, particularly those causing influenza among younger age groups. Circulation of seasonal influenza viruses during the 2009-2010 season is also expected. Influenza seasons are unpredictable, however, and the timing and intensity of seasonal influenza virus activity versus 2009 H1N1 circulation cannot be predicted in advance.

- Currently circulating 2009 H1N1 viruses are susceptible to oseltamivir and zanamivir, but resistant to amantadine and rimantadine; however, antiviral treatment regimens might change according to new antiviral resistance or viral surveillance information.
- Information about the dose and dosing schedule for oseltamivir and zanamivir is provided in this document. An April 2009 Emergency Use Authorization authorizes the emergency use of oseltamivir in children younger than 1-year-old (http://www.cdc.gov/h1n1flu/eua/), subject to the terms and conditions of the EUA.

Categories of Health Alert messages:

- *Health Alert conveys the highest level of importance; warrants immediate action or attention.*
- *Health Advisory provides important information for a specific incident or situation; may not require immediate action.*
- *Health Update provides updated information regarding an incident or situation; no immediate action necessary.*
- *Health Information provides general information that is not necessarily considered to be of an emergent nature.*

This message is being sent to local public health units, clinics, hospitals, physicians, tribal health, North Dakota Nurses Association, North Dakota Long Term Care Association, North Dakota Healthcare Association, North Dakota Medical Association, and hospital public information officers.